

Cass Lake IHS Harm Reduction Program

WHITNEY DICKSON, PHARMD, BCPS

3.12.24

Learning Objectives

- Understand the need for local harm reduction services
- Describe the steps taken to initiate harm reduction services
- Identify benefits of harm reduction services

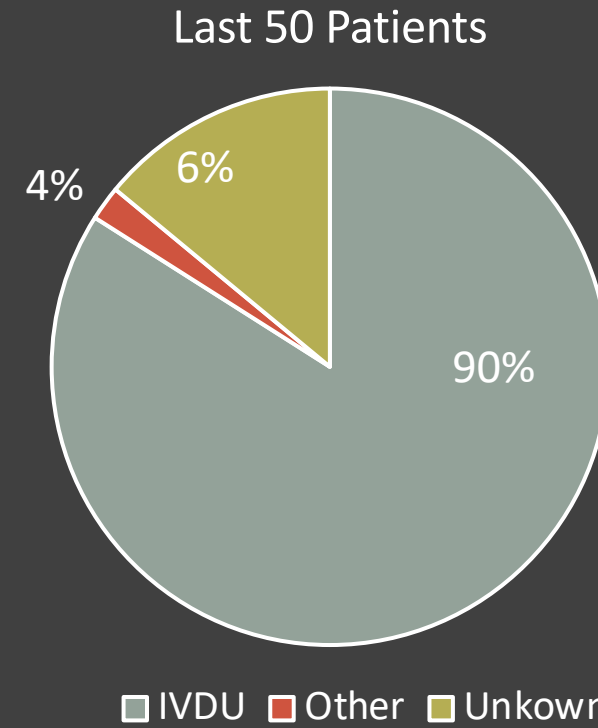
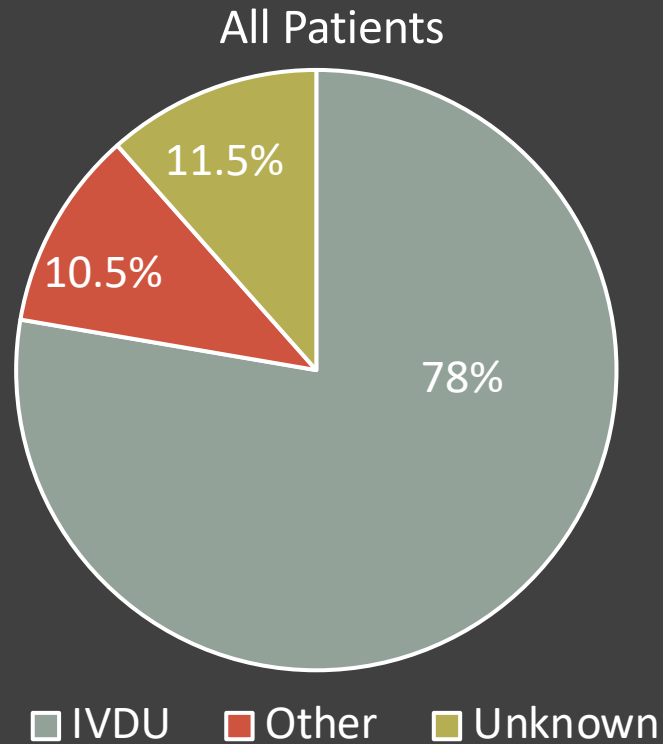
About Cass Lake IHS

- Located in Northern Minnesota
- Outpatient Ambulatory Care Clinic
 - 3 physicians
 - 8 nurse practitioners
- Active user population of ~12,000 clients
- Pharmacy also serves 4 area tribal clinics
 - 12 pharmacists
- Services provided
 - 24/7 emergency department
 - Same Day Clinic
 - Dental
 - Pharmacy
 - Lab
 - Radiology
 - Physical Therapy
 - Podiatry

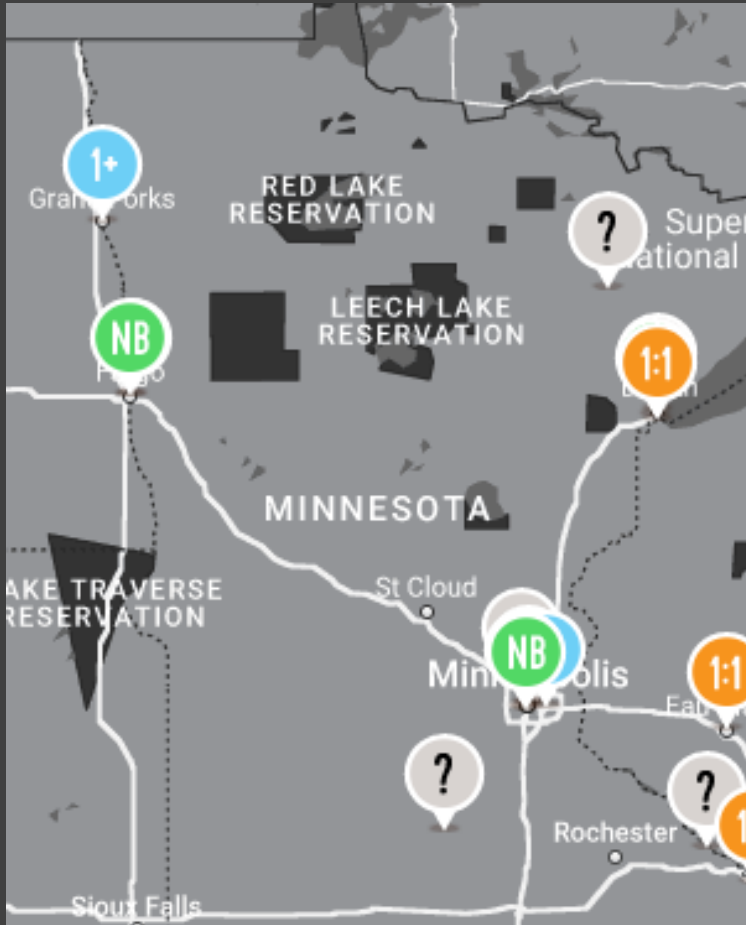


Need for Local Harm Reduction Services

Risk Factors for Hepatitis C at Cass Lake IHS



Need for Syringe Services



- MN Pharmacy Syringe Access
 - Pharmacies can voluntarily participate
 - Individual pharmacist may decide
 - Limit of 10 syringes
 - Can not display syringes for purchase
 - Can not advertise availability of syringes

Need for Syringe Services

- ER visits for STI testing
 - Need for quick and easy access to testing outside of the ER
- Association between our syphilis cases and IVDU
- Increase in ER overdose visits
 - Need for additional access to naloxone
- Patients accessing ER for services not empaneled with primary care provider

Getting Started- People

- Meetings with Tribal counterparts
 - What services we can both provide
 - What gaps can we fill for each other
 - Meeting with Tribal Police Department
- Pharmacy leadership and staff buy in
 - Survey staff
- Presentation to medical staff
- Word of mouth advertising
 - One Facebook post after ~ 3 months

Getting Started- Education

- Gathered resources for patients
 - Mental Health
 - Substance use
 - Patient education
 - Safer injection
 - Numbers for clinic appointments
 - Sharps disposal in Minnesota
- Education for pharmacy staff (ongoing)
 - Background presentation given
 - Invited NPAIHB staff to present and answer questions
 - Emailed resources on harm reduction
 - Rationale behind items provided

Getting Started- Supplies

- Created list of supplies needed
- Compared pricing from different sources
- Created NASEN account
- Majority of items the pharmacy already offered or the facility orders for other departments
- Identified funding source
- Resources
 - NPAIHB
 - National Harm Reduction Coalition
 - NASEN
 - NASTAD

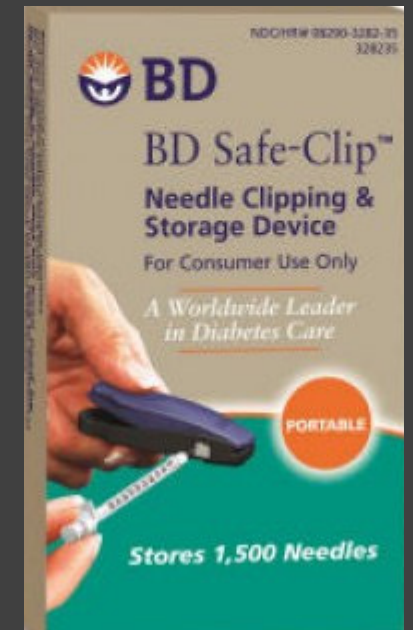
Harm Reduction at CLIHS

- Within CLIHS pharmacy provides harm reduction services which include
 - Syringe services
 - Sharps containers/syringe disposal
 - Naloxone
 - STI testing
 - Condom distribution
 - Education on safer use
 - Resources for mental health and addiction

Harm Reduction at CLIHS

- Patients complete a voluntary intake form
 - Provided a participant card with an ID number
 - Encounter is not documented in medical record
 - Naloxone prescription and STD testing is entered in EHR, but not linked to harm reduction visit
- Pharmacist or student pharmacist provides information on what is available
 - Handouts on safer use and mental health and addiction resources
 - Participant can request items they would like
- Return visit participants can show their participant card to request services or ask to speak with a pharmacist
- Pharmacy tracks visits based on ID number

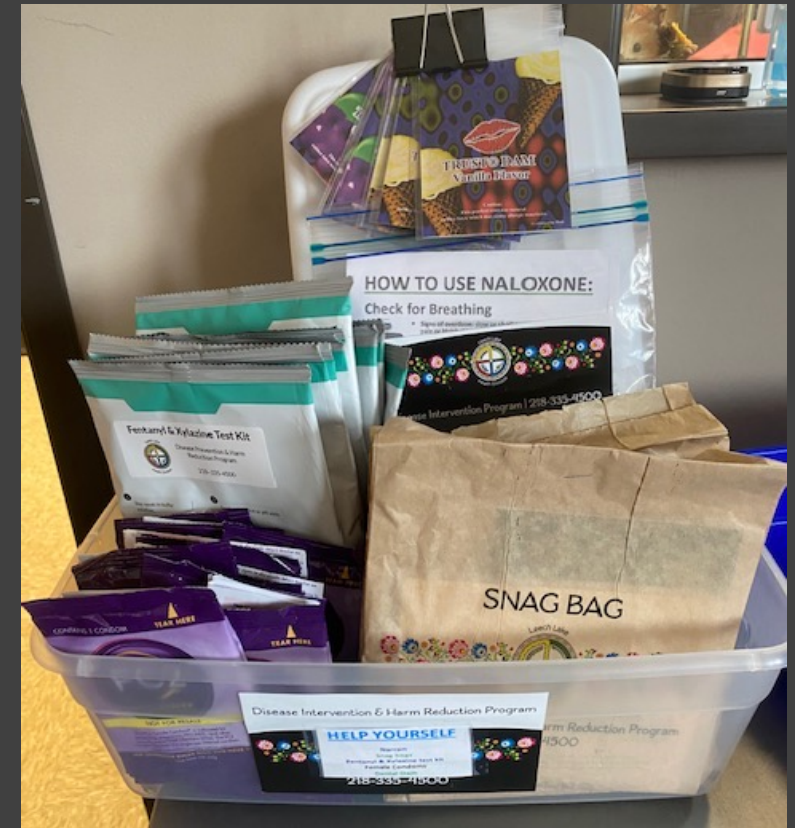
Harm Reduction Supplies





Harm reduction through Tribal Health

- 2 nurses
 - 1 RN, 1 LPN
- All of the same services provided at Cass Lake IHS
- Ability to meet people where they are at
- Rapid HCV and HIV testing*
- Visit 3 different communities one day each week*
- Disease intervention services
 - Syphilis, HCV, other STIs



- Supplies available in Tribal Clinics
- New Community Wellness and Recovery Navigator Program
 - Independent Tribal program

Participant Demographics

- First participant 10/24/22
- Currently have 120 participants
- Median age: 36
 - Age range: 21-68
 - 71 participants with no primary care provider (70%)
- 490 visits
- ~23,500 syringes, 365 naloxone, and 1,200 condoms provided

Pharmacy STI Standing Order

STI Order Set "Bundle"	STI Treatment
Syphilis	Chlamydia
HIV	Gonorrhea
HCV	Syphilis
CT/GC	Trichomoniasis
Trichomonas	
Pregnancy	
HBV (Surface Ab, Surface Ag, Core Ab)	

- Allows any pharmacist to order STI testing and appropriate treatment

STI Testing first 7 months

- STD panel ordered at 8 visits (6 patients)
 - 3 positive HCV
 - 3 reactive RPR
 - 1 late latent case in need of treatment
 - 2 with history of treated syphilis
- 7 participants with known HCV in need of treatment
- 35 participants

Pharmacy Based Incentive Program

- Implemented July 10th 2023
- \$10 incentive card offered for STI testing
 - Testing ordered under pharmacy standing order
 - No STI testing within the last 3 months
- Second \$10 incentive card offered for notification of results or if treatment needed
 - Treatment ordered under pharmacy standing order
- No advertising done
- Do not have to be part of harm reduction program

Pharmacy Based Incentive Program

- 196 incentive cards given out--257
- 101 STI bundles completed
 - 33 not part of harm reduction program
- Positive results– 44 positives in 40 patients
 - 5- syphilis cases- (4 late latent, 1 secondary)
 - 10- Hepatitis C (+ 11 with previous positive in EHR)
 - 4- Chlamydia
 - 1- Gonorrhea
 - 13- Trichomoniasis
 - 1- Pregnancy
- 9 positives were outside of harm reduction program

Difficult to Reach Patients

- Tribal Disease Intervention Specialist Consult
 - Utilized if unable to reach patient by phone
 - Consult placed in EHR
 - Can assist with getting patient into clinic, obtaining labs, or providing treatment
- Follow up Flag
 - Placed and removed by one pharmacist
 - Only used as a last resort if patient unable to be contacted after multiple attempts
 - Education needed for staff to ensure action when patient presents
 - Need to proactively remove flag as soon as action is taken
- Internal communication
 - Notes in harm reduction binder
 - Notes in Scriptpro

Other Policies/Standing Orders

- **STI Partner Treatment**
 - Expedited Partner Therapy
 - Treatment of non-eligible partners
- **Naloxone standing order**
 - Allows pharmacy to order for any patient
- **Naloxone standing order for community members or first responders**
- **Lab Express Testing**
 - Allows patient to go directly to lab to request STI testing
 - Pharmacist follows up on results
 - Contacts patients
 - Orders treatment
- **Vaccination Standing order**

Opportunities for Growth

- Community engagement
 - Homeless shelters
 - Opioid Treatment Program
 - Powwows
- Talk about your program
- Ask questions about other programs or services in your area

What Works Well

- People know where to find us
 - Consistent hours
 - Consistent location
- Always a pharmacist available
 - 10 pharmacists and typically 1-2 students
- Private space
 - Same space used for all pharmacy services
- Lab available during harm reduction program hours
- Ability to test and treat for STIs/HCV within the pharmacy
- Same Day clinic and ER on site if needed

What Could Be Better

- Multiple staff might be a disadvantage
- How do we engage more with patients
- Consider adding fentanyl or xylazine test strips
- Input from people with lived experience
- Offer rapid testing
- Remove barriers for HCV treatment
 - Medicaid, reimbursement limits
- Could offer additional supplies
- Offer PrEP and doxy PEP when indicated

Key Takeaways

- It is ok to start small
 - Growth provides an opportunity for education/conversation
- Be flexible
- Alternate forms of communication are needed
- You don't have to be an expert
- We are always learning

Future Goals

- Vending Machines
- Rapid Testing in the community

Resources

[Materials for Syringe Services Programs: A Guide for Staff & Volunteers | NASTAD](#)

[Safer Drug Use Technique | Bevel Up \(bvlup.com\)](#)

National Harm Reduction TA Center

[NASEN | North America Syringe Exchange Network: NASEN Directory](#)

Questions?
